

State of New Hampshire

2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/13/2015

Business ID: 643745

William M. Gardner

Secretary of State

SYMBOL OF TRUST LLC

380 LAFAYETTE ROAD U11-125
SEABROOK, NH 03874

ADDRESS OF PRINCIPAL OFFICE:

380 LAFAYETTE ROAD U11-125
SEABROOK, NH 03874

REGISTERED AGENT AND OFFICE:

JONES, TIMOTHY BRYANT
380 LAFAYETTE ROAD U11-125
SEABROOK, NH 03874

ENTITY TYPE: LLC

BUSINESS ID: 643745

STATE OF DOMICILE: NEW HAMPSHIRE

INTERNET WEB HOSTING

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Timothy Bryant Jones

STREET 380 Lafayette Rd.,
#11-125

CITY/STATE/ZIP Seabrook Nh 03874

MEMB. Michael Savvas Vlastos

STREET Istiaia Villiage

CITY/STATE/ZIP Istiaia Village Nh 34200

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Timothy Bryant Jones

Please print name and title of signer:

Timothy Bryant Jones

/

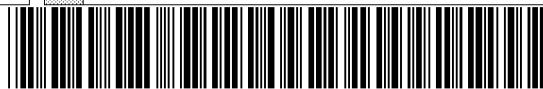
MEMBER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



064374520151008

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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